

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598681

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	L					
13	L					
14	L					
15	L					
16	L					
17	L					
18	L					
19	L					
20	L					
21	L					
22	L					
23	L					
24	L					
25	L					
26	L					
27	L					
28	L					
29	L					
30	L					
31	L					
32	L					
33	L					
34	L					
35	L					
36	L					
37	L					
38	L					
39	/					
40	/					
41	L					
42	L					
43	L					
44	L					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		L				
67		L				
68		/				
69		L				
70		L				
71		L				
72		L				
73		L				
74		L				
75		/				
76		L				
77		L				
78		/				
79		L				
80		L				
81		L				
82		L				
83		L				
84		L				
85		L				
86		L				
87		L				
88		L				
89		L				
90		L				
91		L				
92		L				
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		50			↓	↓
TOTAL DEP.		141		←	←	←
TOTAL CLAIMS		146				